

MINUTES
STATE AID TASK FORCE
(A subcommittee of State Board of Health)
February 7, 2007

Agenda item #1: Roll Call and Introductions

Larry Mastropierro, Chairperson, opened the video conference meeting the Nevada Department of Rehabilitation and Training building in Reno, NV at 9:12 A.M.

Roll call taken and determined a quorum was to be present. A couple of members were running late and would be in shortly.

Attending from Carson City:

April Romo	Bill Hale	Bill Hill (ex-officio)
Bob Salcido (gst)	Julia Spaulding (gst)	Lyell Collins (gst)

Attending from Reno:

David Parks	Hector Galvez-Lopez (gst)	James "Steve" May
Jennifer Howell (ex-officio)	Larry Mastropierro, Chair	Lindsey Lightfoot
Nedy Tollerstad	Dr. Trudy Larson	

Attending from Las Vegas:

Chris Reynolds	Linda Anderson, DAG	Rick Reich
Melva Robinson-Thompson (via Teleconference)		

VOTING members not in attendance:

Antiocho Carrillo	Marcie Jackson	Dr. Mary Guinan
Mary Ellen Harrell	Rita Boyd	

Larry, in his power as Chair, decided to take the agenda out of order to allow time for the missing 3 board members to show up make a quorum and use this time to get presentations that did not require board action.

Agenda item #5: Update and discussion about the website

Julia Spaulding reported that she is still working with IT on it. They are looking to do a blog, informational area, archive area for past minutes, reports, and agendas. There will contact information listed recent meetings. It and Julia are looking to see if it can be password protected. Larry stated that is was a good idea also to be allowed to post request for agenda items and event postings. Larry thanked Julia for her work and looks forward to more updates.

Larry stated while waiting for Chris Reynolds to arrive to report on the Syphilis outbreak, he has a question to Linda Anderson. Larry's question is that as a Task Force can we assist with backing a bill? David Parks is going to be creating and presenting a bill to Legislation. How

would we, as the Task Force, back a bill? Linda responded that as a Task Force makes recommendations and reports to the Board of Health and the Health Division. So we would need to take that request to the Board of Health or the Health Division and ask them to support the upcoming bill. Our true chain of command is to the State Agency itself. Larry thanked Linda for the clarification.

Chris Reynolds just arrived, Linda announced. Larry did mention that we are still waiting for 2 more members to arrive.

Agenda item #6: Update on Syphilis outbreak in Southern Nevada- what's being done

Chris stated that the Health Department in Clark County is very strongly suggesting to all patient that want to come in for a HIV test that they also get a Syphilis test. They clinic staff are explaining that there is an outbreak in the southern Nevada region and that some people may have Syphilis without having symptoms. The clinic staff also explains that if having syphilis you also increase your chances of getting HIV. So far, he stated, that there hasn't been much resistance from clients to get both test. Chris also noted that there is now doing Outreach in one local bar every other month.

Rick Reich presented some numbers published by CDC for how Clark County represented the State percentage totals. For State STI (Sexually Transmitted Infections): 94% of all reported Syphilis cases were reported in Clark County, 77% of all Chlamydia cases were in Clark County, 86% of all Gonorrhea cases were in Clark County, 89% of all HIV cases were in Clark County, 84% of all AIDS cases. Rick stated that a large percentage of these numbers are equivalent to the numbers in the big metropolitan areas in the Northwest and Southwest regions of the US like Phoenix and Los Angeles.

Rick further presented more figures on cases of all Syphilis:

YEAR	STATE	ORIGINATION IN CLARK COUNTY
2001	62	34
2002	113	81
2003	149	123
2004	253	224
2005	343	300
2006	(NOT AVAILABLE YET)	341

Looking in the infectious Syphilis (Primary and Secondary) cases- here are some numbers:

YEAR	STATE	CLARK COUNTY
2001	8	4
2002	15	7
2003	12	8
2004	40	38
2005	135	103
2006	No Numbers yet	128 thus far

Rick stated we are usually 48 or 49 of the 50 states with cases per capita for syphilis. In 2005, we made number 4 of cases per capita of 1,000 for Primary and Secondary Syphilis.

HIV and Syphilis co-infected cases are 36-40% in Clark County. Of those co-infected cases 25% are heterosexuals and 75% are MSM (Men having Sex with Men).

(Nedy Tollerstad and Dr. Trudy Larson had just arrived during this conversation, the 2 members needed to make a quorum).

Rick explained that there has been more training in Nevada in one year than there has been in the last three decades. Clark County is getting more training set up and possibly doing a clinician school. Already there are about 20 clinicians wanting to do this training. There have been 2 CDC approved trainings and one more scheduled in July. Clark County is discovering that many of the contacts are coming through a website called ManHunt.com. For example, of one reported case - 47 contacts came through on ManHunt.com.

Chris did explain to those who didn't know- ManHunt.com is a professional sex website that does have a blog/chat area.

Jennifer Howell stated that Northern Nevada is trying to get set up with ManHunt.com and has been in contact with the owner of ManHunt.com.

Steve May asked about if blood testing is the only way for testing for Syphilis. Rick stated that blood testing is the only way without doing a Dark Field Test. A Dark Field Test is a test that does require scraping a lesion and testing the fluid under a microscope. The one advantage to doing a Dark Field test is that sometimes you can catch organisms growing and get a positive result before the blood test would reveal a positive.

Larry asked that is there any way to combine the STD and HIV information. Jennifer Howell stated that Northern Nevada, although smaller than Southern Nevada, they are taking the Sexual health approach and the need to tie both together when talking about any communicable disease. Rick stated that the Task Force needs to take the approach like CDC has in regards to common communicable diseases. Rotavirus and Salmonella are out there but not all the time. CDC see HIV, Hepatitis, TB, and (STI) STD all in one group. Maybe the Task Force should look into all the listed previous listed diseases than just looking at HIV as a separate entity.

Rick also stated that in Southern Nevada there are 2 Planning Councils and that that may be too to combine, maybe not as hard in Northern Nevada- due to size.

Trudy Larson questioned that who is going to assist to pay for the Outreach training for Primary care Physicians and ER Dr's, although she has already started this practice herself. What they need to find out is if the insurance companies will cover this as a routine practice.

Rick stated that Dr. Greenberg at UMC is going to be starting something similar to this to show the other dr.'s that this can be a fairly simple and easy process of the visit and doesn't take a lot of time. What he/they plan to do are about 1,000 patients. The average time is guessed to be about 90 days to get 1,000 samples within 3 clinics- the Main clinic, the Women's clinic and the school in Summerland. It is to show that basic HIV testing and counseling doesn't need to take a lot of time. Then they want to take the results put in a spreadsheet (Excel). It will be anonymous. This will be controlled by the principal investigators. The only information available will be the name, DOB, and a special number Clark County uses. The only interest will be those who come up positive, to be referred for evaluation services. There will be no real interest in the negative results. Trudy Larson did ask that the results from this be put on the next agenda to help statewide. Rick was to be meeting with Dr. Greenberg. Dr. Greenberg is very excited to get this started since he has heard such resistance from the Professionals in the community when there is

a positive. He wants to show how easy it will be and how many professional references there are that can deal with positives, Public Health being a major one.

Agenda item #2: *Approval of October 18, 2006 Minutes.

Motion:

David Parks motioned to accept the minutes as written and Chris Reynolds 2nd the motion. They were approved unanimously.

Agenda item #3: *Discussion and possible approval of membership per newly revised By-Laws

Larry noted that there is still 3 voting positions open. There is one from the Business/Public Body, where Dr. Melva Thompson-Robinson would fit in and 2 positions of the Planning Councils/Community Collations. Larry has a letter of interest and nomination for Lindsey Lightfoot. Lindsey is from Northern Nevada HOPES and is with the Planning Council. First for Discussion would be Melva, since she has been waiting such a long time for this. We received Melva's letter after the meeting in October. Larry stated that he felt Melva would be good for the Task Force as she has strong presence in the African American community. Rick Reich commented that Melva is a wealth of information, has great patient understanding, and believes she would be a great asset to the Task Force.

Motion:

Dr. Trudy Larson made a motion to accept Melva as a member and both Chris Reynolds and Nedy Tollarstad 2nd the motion at the same time. The motion carried unanimously.

Next was Lindsey Lightfoot. Lindsey is a Social Worker at HOPES and is on the Northern Nevada Planning Council, and can contribute with information about Native Americans. She comes to us with a strong interest to assist the State AIDS Task Force.

Motion:

Nedy made the motion to accept Lindsey Lightfoot as a member to represent the Planning Body/Community Collation. David Parks second the motion, no further discussion and the vote carried unanimously.

Agenda item #11: *Set dates for future agenda items

Discussion was brought up about setting the dates for future meetings. It was recommended that we set the dates now for future meetings to allow people to put the dates on their calendar and make it a better chance of having a better attendance at the meetings. For the next meeting, it was recommended the first week in June. Larry recommended on any Wednesday or Thursday.

David Parks stated that any time after June 5th-hopefully Legislation would be over. The first Wednesday in June is June 6th. It was agreed that June 6th would be the next meeting. Morning meetings seem to be the consensus that worked best.

The following meeting was discussed to be the first week in October. October 3rd is the first Wednesday of the month. That date was unsure as some discussed that there was to be a Public Health Conference around that time.

April agreed to send out a save the date reminder for June and ask for responses for the October date. Once the members respond, the date would be set and possibly set that meeting for a face-to-face meeting depending on the State budget.

Agenda item #8: *Presentation and recommendation on a Bill Draft

David Parks apologized for the bill hasn't been drafted at this time. However, when drafted David would email it to the Task Force once drafted. One concern of David Parks is that people are tested for HIV and if the result is positive, there is no real referral service out there. Right now, once a person is positive, a Dr. doesn't refer for service just "Sorry, have a nice life, and where did you want your medical records transferred to?" Though not drafted the bill is outlined the Physicians must direct positive HIV to services. Part of the problem is that the physicians don't know where to direct for services. This would make Dr.'s know of the resources and services available for positive HIV patients.

Jennifer Howell wanted to give kudos to disease investigators to keep up on the information and know where to refer positive patients for services both in Northern and Southern Nevada. However, if physicians knew of the services available it would really help investigators in the referral process and helping make sure those who test positive get to the first appointment of the referral.

Linda Anderson suggested that the Task Force ask the State support the bill as described. Bill Hale stated that the State can't support a bill, only provide information on it. Linda said that the Health Division may have other restrictions however as the Task Force we can ask the Health Division to support it and therefore have put the effort forward. Bill Hale stated we can't support or lobby for a bill. Linda stated we wouldn't need to lobby but pass on to Mr. Haartz the recommendations from the Task Force. Bill Hale did agree to that.

Motion

Dr. Trudy Larson made the motion to support the bill in concept since it had yet to be drafted as to link a person who tests positive to a referral service as presented by David Parks. Nedy Tollarstad and Chris Reynolds second the motion.

Steve May asked about a brochure or packet with services available. It could be one combine to have both North and South services listed as Nevada has such a large transient population-therefore making it available to all and being consistent for all.

Rick stated that some good of this bill David Parks is creating and drafting would make the testing places/personal Physicians responsible for testing to do referrals but also for the smaller grass roots clinics to know that once a person is referred for full support services is to make sure that the patient is also in full medical care.

Larry did mention that there was a motion on the floor and no further discussion presented and the motion passed unanimously.

Agenda item #4: *Discussion and possible recommendations of Rapid HIV test in Nevada hospitals of pregnant women who present for labor and HIV status unknown and the option to opt out during routine prenatal care.

Trudy Larson stated that this is part of the CDC recommendation enhanced for rapid testing. There is right now a group from medical school to gather information on who does rapid testing. We also have a Hospital Association that is also very interested in this information as it targets 2 very big groups for them the Labor and Delivery department and the Emergency Room. The hospitals know that this is a possible bill draft since HIV is not mandatory to test for. Right now Hepatitis B and Syphilis is required but HIV is part of routine care but not required. Melva Thompson- Robinson stated that the intention of Dr. Guinan is to get mandatory testing of patients with an unknown status.

Bob Salcido stated that 4 Northern Nevada hospitals has a policy in place but they are not always followed as needed and not doing rapid testing.

Dr. Larson asked if this is something that should be mandatory now or get more information and then make it mandatory. David Parks stated that if the bill is approved and since Nevada has a Bi-annual legislation look at a start date of maybe 1/1/08.

Rick Reich talked about the looking at the cost. There are 5 Rapid Test available. However, there are probably only 2 hospitals that can use this test and most clinics can't use them due to the complexity and the type of specimen. Then there is the issue of cost. Right now Southern Nevada Health District uses a \$4 for serum testing. The Ora Quick Advance and controls test is \$21.25 and the Bio Trinity is \$10.25. There was the recommendation that someone write the companies that provide these tests requesting the specifications of each test and to see if the company could stand by the cost of the 320B pricing. Someone asked if this is something the State Health Division would underwrite. Mention was made also of looking into the true and actual cost of these tests. Right now, it is not only the \$4 to do the test but also \$38 to have to do the Western Blot to confirm a positive test, so now there is a cost of \$42.

Jennifer Howell posed to Rick the question of looking at Title Ten to a special rate for the tests. Rick stated he hasn't looked into it but will talk with Mary Ellen Harrell if she has posed the question or has more information about Title Ten rates. Rick stated he did talk with OraSure at one time and they told him basically we have the market on Rapid Tests and if you want it pay the price we offer. Someone also recommended looking to see if other sources of payees for the testing such as Medicaid or private insurance companies.

Agenda item #7: *Discussion and recommendations on doing an Annual Report- how to create/layout distribute and when to report

Discussion was made on doing an annual report like it used to be done. With so much updated information available this would be good to get to legislation and the Governor. The report could include numbers and new information on rapid testing, recommendations for bills, information on Co- Infections. It was noted that the Planning Council has much information on the Prevention and Surveillance Epi Profiles. Rick Reich remarked that if nothing else, provide a summary of what the State AIDS Task Force wants been done and some strong recommendations. It used to be that the State AIDS Task Force reported directly to the Governor and now that is just not so.

If there is a way to get the information out let's do so. Whether it is information about Elko, Washoe County or Las Vegas we need to do so. Rick stated that Southern Nevada has so much information to offer. Jennifer Howell stated that Washoe does a report that provides so much information on numbers, recommendation, surveillance and prevention. Another item to put in

the report is that people need to understand where our funding is coming from. There is a small amount of funds that is actually provided by the State.

Rick also stated that the Core Surveillance Grant, that Bob Salcido oversees, is also shrinking and that there can be consequences if we go to passive reporting. Passive reporting could report a case count drop. A case count drop could result in a drop of funding for all Ryan White titles monies, a cut in Prevention and Surveillance monies. People also need to understate that the State funding only provides little money to these programs for assistance. Without the money, there are little or no doctors to document cases. Southern Nevada Health District does assist with some funds. Washoe County is dependant of the State CDC grant for HIV and can't assist with funds. Washoe County does only assist a little with STD funding.

Larry stated he would entertain a motion to do an annual report. Chris Reynolds made the motion to do a summary of annual activities and recommendations. Nedy second the motion. Larry asked for discussion. Dr. Larson suggested that we link the District reports to the Annual report. Jennifer Howell asked who would be responsible to write the report. Who gathers the information for the report? Dr. Larson suggested that the Nevada State Health Division write the report. Bill Hale stated that we could do the report but the State has Policies and Procedures it must follow and the report would have to go through our Administration. So, the report might not fully reflect the opinions or views of the Task Force. Larry stated that he believes that the Chair and Vice chair could sit with the State and extract information from the minutes of the past meetings and create a report to submit. Rick stated to add 1 more thing to the report. That the reports that the State reports to the CDC from the Epi profile the Ryan White CARE plans, information from the Planning Councils. Make a maximum of a 3 page summary from these reports and use the reports as an appendage to the summary.

Someone suggested making a subcommittee for this. Rick Reich stated that in the past when there were a lot of policies to do, there were sub committees. However, sub committees are a lot of work to put together. Larry reminded all that there was an open motion.

Motion

Chris Reynolds made the motion to do an annual report and using other State reports to compose it. Nedy did a second to the motion. The motion passed unanimously.

Agenda item #9: *Discussion and recommendations on providing information of the Highly Impacted Groups at a future meeting.

This could possibly be done with Dr. Thompson giving information on the African American population, Nedy possibly working with Nevada Hispanic Services for the Hispanic population. Lindsay noted that through the organization she works for that 20% of the clientele is Hispanic. Someone asked what is considered a Highly Impacted Group? Is it the African American, the Hispanics, the Native Americans?

For the Record- Jennifer Howell wanted it stated that today is National Black HIV/AIDS Awareness Day.

One could go further to say the Prisons are highly impacted. Going into further thought you could have cross references such as an age group with a gender group. Rick Reich also stated to look at who's out of care and why. All the possibilities need to be explored.

Larry assigned a task to all Task Force members, bring to the next meeting your knowledge and background of Highly Impacted Groups to present to all.

Agenda item #10: *Suggestions for future agenda items

Larry stated that there have been many items discussed today to be brought back for the next meeting. If anyone can think of something else just contact him or April via phone or email and ask that the item get put on the agenda. Our next meeting will be in June. Two items requested for sure to be put on the agenda is the funding source for HIV/AIDS in Nevada. Another item is a Legislative update and what's happened.

Agenda item #12: Public comment

Lindsey stated the Cory Sorbrio is doing the AIDS life cycle and is hoping to raise \$2500 . Donations for him can be made at AIDSforlife.org.

Hector Galvez-Lopez from Northern Nevada HOPES stated an interest in the Task Force and would be presenting a letter of intent to become a member.

Larry did mention about hearing of 4 cases of HIV/AIDS that were drug resistant and more information would needed to be looked into on this. Steve May said he didn't know much about it but it is being called the Super Virus.

Agenda item #13: *Adjournment

Steve motion to adjourn the meeting and Nedy second the motion. The meeting was adjourned at 11:18 AM by Larry Mastropierro.